Name in Full

Certificate of Death

Edward Action

Died at Town Roxbury Mills County Howard MARYLAND

Date 1899 Month Aug Day 14 Age Y. 90 M. D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Annie Action

Father's Name not able to find Mother's Name their names

Cause of Death Primary How long sick 5 days

Immediate General debility ~~Accident, Suicide, Homicide~~

OVER

Reported by G. W. Cashell Undertaker

Address Unity Po Montgomery Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. H. G. Sperrier

of Unity Md

Seen by Coroner ———

of

Information contained in this certificate received

from William Action

of Roxbury Mills Md

Name in Full Mary Anderson

Certificate of Death

Died at Town County Howard MARYLAND

Date 1899 Month Aug Day 7 | Age Y. 22 M. — D. | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Anderson

Mother's Name Harriet Anderson

Cause of Death

Primary Fanyaphis 22 E

How long sick 5 mos

Immediate Tubercular Fanyaphis

Accident, Suicide, Homicide

Reported by Geo. M. B. Rogers M.D.

Address Ellicott City Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Jno M B Logan MD

of Ellicott City Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full | Certificate of Death

Raymond Bell

Died at Town: Savage County: Howard MARYLAND

Date 1899 Month: 8 Day: 14 | Age Y. M. D.: 9 | Native of: Md | Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: John T. Bell Mother's Name: Elizabeth Bell

Causa of Death: Primary: Icterus 1380 Immediate: Eclampsia

How long sick: 2 days

~~Accident, Suicide, Homicide~~

Reported by: F. W. Linthicum M.D.

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mary Virginia Clifford

Died at Town: Elk Ridge County: Howard MARYLAND

Date 1899 Month: August Day: 14 | Age Y. 1 M. 7 D. 20 | Native of Maryland | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

Husband of —
Wife

Father's Name William Clifford | Mother's Name Augusta Clifford

Cause of Death — Primary: Acute Meningitis — How long sick: 16 days

Immediate: Exhaustion 39a — ~~Accident, Suicide, Homicide~~

Reported by Wm R. Earecksor

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70218

Name In Full

Certificate of Death

Lola Clifford

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 1892 Month Aug Day 28 | Age Y. 19 M. D. | Native of Md | Occupation ~~Occupation~~

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~

Father's Name Hill Clifford | Mother's Name Fannie Johnson

Cause of Death: Primary ~~ter~~ | How long sick 1 year

Immediate | ~~Accident~~, Suicide, ~~Homicide~~

Reported by Stephen Dillsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. J. M. B. Rogers 10-6

Ellicott City

Seen by Coroner

of

Information contained in this certificate received from Eliza Dorsey

of Ellicott City

Name in Full

Certificate of Death

Ferdinand C. Flood

Died at Town: Elk Ridge County: Howard MARYLAND

Date 1899 Month: August Day: 8

Age Y. 7 M. 1 D. —

Native of Maryland

Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband of —

Wife

Father's Name James Flood

Mother's Name Mary B. Flood

Cause of Death: Primary Enteric Colitis

Immediate Exhaustion

How long sick 24 hours

~~Accident, Suicide, Homicide~~

Reported by M. R. Earnshaw

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. B5065

Name in Full

Certificate of Death

Maggie B. Haltzner

Died at Town Henryton County Howard Co MARYLAND

Date 1899 Month 8th Day 22nd Age Y. 14 M. 5 D. 9 Native of Md Occupation ~~Occupation~~

~~Male~~ Female White ~~Colored~~ Single ~~Married~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

~~Husband of~~ ~~Wife of~~

Father's Name Benjamin Haltzna Mother's Name Mary Dearbeck 40a

Cause of Death: Primary Diptheria (Pharyngeal & Laryngeal) How long sick 4 days

Immediate asphyxia & Toxaemia ~~Accident, Suicide, Homicide~~

Reported by Benj H. Shipley M D

Address Alpha Howard Co Md

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 15068

This (Negro) Patient came a dis-
tance of 3 miles to my office on
21st inst about 3 6 hrs previous to her death
She had a suspicious sore throat but
not complaining of being very much ill or
sick, I sent her home with medicine
telling her to send for me if she got any
worse. But being absent next day
was not able to see her till after
death, the source of infection does
not travel out to day 23rd inst of being with
a child that had the Diphtheria in
Baltimore & was convalescing & brought
to the country B. F. S. M.D.

Name In Full George Handy

Certificate of Death

Died at Town Scaggsville County Howard MARYLAND

Date 189 9 Month Aug. Day 10 | Age Y. 15 M. months D. | Native of Md | ~~Occupation~~

~~Male~~ ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George Handy | Mother's Name Mary Kelly

Cause of Death — Primary Summer Complaint | How long sick 9 days

Death — immediate 8/2 | ~~Accident, Suicide, Homicide~~

Reported by Stephen Killarigen

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Mrs. M. L. -6

Cissell

Highland Howard Co Md.

Did not attend her.

Information contained in this certificate received from George Handy

of Scaggsville Md.

Name in Full | Certificate of Death

Margaret Ann Hillery —

Died at Town: Elk Ridge | County: Howard | MARYLAND

Date 1899 Month: August Day | Age Y. M. D.: Probably 80 | Native of: Maryland | Occupation: Housework

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of ———

Father's Name ——— Mother's Name 43

Cause of Death: Primary Old age, Cerabral Softening - Idiocy - Immediate Exhaustion

How long sick 2 or 3 yrs.

~~Accident, Suicide, Homicide~~

Reported by Wm R. Earechoon

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Annie Holtman

Died at Town: Mar Bossey | County: Howard | MARYLAND

Date 189 9 | Month 8 | Day 6 | Age Y. 3 M. 11 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Adolph Holtman | Mother's Name: Rickie Holtman

Cause of Death: Primary: Indigestion & Enteritis | How long sick: 6 days

Immediate: Convulsions 82 | ~~Accident, Suicide, Homicide~~

Reported by: F. W. Lieutenant M.D.

Address: Savage

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Cora Hungleford

Died at Town Dayton County Howard MARYLAND

Date 1899 Month Aug Day 13 | Age ~~Y.~~ M. D. 7 | Native of Howard | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Thomas Hungleford

Mother's Name Jennie Hungleford

Cause of Death: Primary Cholera Infantum 2 — How long sick 24 hours

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by S. A. Nichols M. D.

Address Dayton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full Geo H. Isaac

Certificate of Death

Died at Town Glenelg County Howard MARYLAND

Date 1899 Month Aug Day 1 Age Y. ~ M. ~ D. ~ 2 hrs Native of — Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Geo H Isaac

Mother's Name Margaret E Isaac

Cause of Death: Primary Circulation not established at birth — How long sick 2 hrs

Immediate 137 — Accident, Suicide, Homicide

Reported by Dr. Chas. Gilbert

Address Glenelg Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full John King

Certificate of Death

Died at Town: Woodstock County: Howard MARYLAND

Date 189 9 Month: 8 Day: 1

Age Y. M. D.: not known

Native of: not known

Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ living ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living: 1

Husband ~~Wife~~ of not known

Father's Name: not known

Mother's Name: not known

Cause of Death: Primary: consumption 220

Immediate: not known

How long sick: not known

~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M. D.

Address Ilchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Grafton Miller

Certificate of Death

Died at Town Mount View County Howard MARYLAND

Date 1899 Month 8th Day 21st Age Y. 2 M. 14 D. Native of Md. ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 152a

Father's Name James Miller (colored) Mother's Name Ella Collins

Cause of Death: Primary Traumatic Meningitis — How long sick 7 days

Immediate convulsion (supposed) — Accident, ~~Suicide, Homicide~~

Reported by Benj Shipley MD

Address Alpha Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(over)

LIBRARY BUREAU, 65968

I did not see this child at any time during life & only saw it 6 hrs after the death of child was discovered the mother left the child in bed & am to attend her duties as servant & returned to the child at 10 am & found it dead. They reported to me that the child had a fall on its head 7 days previous to death & had been ailing some what, I found a depression somewhat greater than usual at the anterior & Posterior Fontanelles whether it was caused by the fall I am unable to say there seems to be no suspicion attached to the case

B.T.S.

Name In Full — Certificate of Death

Lottie C Norwood

Died at Town: Hanoverville County: Howard MARYLAND

Date 1899 Month: aug Day: 30th Age Y. M. D.: 45 Native of: Md Occupation: House Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: none

~~Husband~~ Wife of Edward Norwood

Father's Name: James A Tracy Mother's Name: Mary Tracy

Cause of Death: Primary: Drowned in rain Barrell — How long sick

Immediate: 148 — Accident, Suicide, Homicide

Reported by: Saml A. Holland J. of P. Act Coroner

Address: Elkridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner Justice of the Peace acctg Cor Saml A Holland

of Elkridge md

Information contained in this certificate received

from Edward Norwood

of Hanover md

Name in Full: James Randalls

Certificate of Death

Town: Dairy | County: Howard | MARYLAND

Died at

Date 189 9 | Month: Aug. | Day: 28th | Age: Y. 84, M. 4, D. | Native of: Maryland. | Occupation: Laborer.

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Acdarcus Randalls deceased.

Father's Name: Unknown

Mother's Name: Susan Randalls

Cause of Death: Primary: Senility

Immediate: Brights disease

How long sick: About 3 months

~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy.

Address (redacted) Lisbon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Joseph Redman — Certificate of Death

Died at — Town: Ellicott City — County: Howard — MARYLAND

Date 1894 — Month: Aug. 12 — Day — Age: Y. 2 M. 7 D. 7 — Native of: Maryland — Occupation: —

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / ~~Single~~ / Widower — ~~Widow~~ — ~~Divorced~~ — Number of ~~children living~~

Husband of / Wife: —

Father's Name: Romeo Redman — Mother's Name: Bell Redman

Cause of Death — Primary: Marasmus. 82 — How long sick: about 3 mo.

Immediate: Convulsions

~~Accident, Suicide, Homicide~~

Reported by: David H. Stultz M.D.

Address: Catonsville Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Laura Virginia Thomas

Died at Town: Ilchester County: Howard MARYLAND

Date 1899 Month: Aug. Day: 3

Age Y. 14 M. 11 D. 12

Native of Maryland

Occupation Nurse

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children ~~living~~

Husband of —

Wife

Father's Name Wm Thomas

Mother's Name Sarah A.R. Thomas

Cause of Death: Primary Acute Enteritis 93

Immediate Stomach infection

How long sick 4 days

~~Accident, Suicide, Homicide~~

Reported by Wm R. Earnestoon

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Certificate of Death

Rosa Williams

Died at Ellicott City (Town) Howard (County) MARYLAND

Date 189 9 Month Aug. Day 22 | Age Y. 15 M. 5 D. yrs | Native of md | Occupation house duties

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

~~Husband of~~ ~~Wife~~

Father's Name Thomas Barnes | Mother's Name Matilda Williams

Cause of Death: Primary — Typhoid Fever | How long sick 5 weeks

Immediate | Accident, Suicide, Homicide

Reported by Stephen Gillmiger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. M. Bd Rogers
of Ellicott City
Rich Bd Rogers
and Attended her.

Seen by Coroner _____

of _____

Information contained in this certificate is
derived from Thomas Barnes
of Ellicott City

Name in Full Sara Ellen Wise

Certificate of Death

Died at Town Clarksville County Howard MARYLAND

Date 189 9 Month Aug. Day 8 Age Y. 8 M. 6 D. – Native of Howard Occupation ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jesse Wise

Mother's Name Mary Wise

Cause of Death Primary Appendicitis

Immediate Peritonitis

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by S. A. Nichols M.D.

Address Dayton Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]